

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/552,458

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3		1					
4		1					
5		1					
6	1						
7		1					
8		2					
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TOTAL IND.	2		2		2		
TOTAL DEP.	7	↔	↔	↔	↔	↔	
TOTAL CLAIMS	9	██████████	██████████	██████████	██████████	██████████	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.			2		2		
TOTAL DEP.		↔	↔	↔	↔	↔	
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████	